

NM OIL CONS. CO. UNITED STATES  
Drawer DEPARTMENT OF THE INTERIOR  
Artesia, NM 88201 GEOLOGICAL SURVEYSUBMIT IN T  
(Other instruc. )Form approved.  
Budget Bureau No. 42-R1424

RECEIVED BY

5. LEASE DESIGNATION AND SERIAL NO.

NM 27459

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Monsanto Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - *D. Lawrence*11. SEC., T., R., M., OR BKK. AND  
SURVEY OR AREA

Sec. 22, T. 25S, R. 26E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

SUNDRY NOTICES AND REPORTS ON WELLS 1985  
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)O. C. D.  
ARTESIA, OFFICE1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

MAX WILSON, INC.

3. ADDRESS OF OPERATOR

P. O. Drawer 1978 - Roswell, NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1,980' FWL and 660' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3,302'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☒

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent  
to this work.)\*Cancel plans to drill with cable tools.  
Will drill to TD with rotary tools.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE President

DATE 8/30/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: